REQUEST FOR USE OF SCHOOL BUILDING FACILITIES

Date:									
To the Sup	erintendent's I	Designee: Request i	s hereby made for	the use of the following	ng school building fa	cilities of :	School Name	2	
By:Organization Name			Contact Name			Telephone Number			
Nature, Po	licies, and Purp	ose of Organization	n: Non-profit or pr	ofit	How and	for what purpose w	vill facility be used?		
Usage Type		Profit Organization Rate Schedule	Non-Profit Organization Rate Schedule		# Full Days	Dates	Times	Day of the Week	
Gymnasiui		\$80.00	\$60.0						
Auditoriur		\$160.00	\$120.0						
Classroom		\$7.00	\$5.00 \$10.00						
Library/	Full Day ½ day	\$14.00 \$30.00	\$10.0						
Cafeteria*	Full Day	\$60.00	\$40.0						
Football	½ day	\$60.00	\$60.0						
Stadium	Full Day	\$120.00	\$120.0						
		•		•				•	
Added Util		Veekend & Holiday							
	Elementary	Middle	High	NOTE: The fees for the			nnual fee structure d	letermined by the	
½ day\$60.00\$150.00\$240.00school. The minimum facilities rental is ½ day.Full Day\$120.00\$300.00\$480.00*Any use of the kitchen area must be negotiated separately with the Child Nutrit				ional Dont					
any individual school staff or any additional hours required by staff beyond the normal workday. The applicable rate, including overtime at \$20 per hour, will be invoiced separately. Fees may be waived for non-profit organizations working jointly with an established school program to provide free services to school students. Waiver requests must be submitted in writing along with the completed Request for Use of School Building Facilities form. Once the application is approved, an invoice(s) and a copy of the approved application will be sent to the applicant. The principal will be notified of this approval. A check made payable to the school for the rental fee and a check made payable to the custodial service provider for overtime charges, if applicable, should be submitted to the Facilities Management Department prior to use of facilities. I understand that the attached "Use of Facilities" policy of the school is incorporated as a part of this agreement, and I agree to fully comply with the entire policy as stated herein; and will hold school, its officers, agents, servants, employees, and personnel harmless from any claim by anyone whatsoever which arise out of any use by of the school facility that is the subject of this agreement shall indemnify the school for any loss which the system sustains as a result of any litigation damage which is based on the legal fault of Its obligations hereunder shall include the obligation to defend the school in any and all court proceedings or quasi judicial proceedings whatsoever arising out of any claim connected with 's fulfillment of its obligations under this agreement. I have read and understand the policies relating to the use of school facilities and agree to the following: (a) Pay for any damage done to buildings, equipment, or grounds.									
(b) Take r(c) Waive(d) Respepurposes.(e) Organi	easonable mea any and all rigl ct the right of the exations shall p	ns to prevent smok nts to recovery fron ne Principal or the S rovide a certificate	ing or drinking of in the school for an Superintendent to of insurance show	alcoholic beverages in y injuries or damages cancel a previous com ring liability coverage f ional named insured.	resulting from the us mitment to rent this	s facility in the ever	nt it is necessary to u	use it for school	
				APPLICA	ANT				
I understand that approval of this application can only be granted by the Superintendent's Designee.									
Street Name				City,	State	Zip Code			
Signature			-	Print	Name	-			

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PRINCIPAL The above described school building facilities are available on the date(s) and time(s) requested.												
Janitorial Overtime to be Used YES	Hours	Required	NO									
Principal:Signature		Date:										
	FACILITY MAN	NAGEMENT D	EPARTMENT									
The above described school building fac	lities are feasible fo	or the purpose st	ated above.									
Receipt of Certificate of Liability Insurance	YES	NO										
FMD Representative:Signature			Date:									
	SUPERIN	ΓENDENT'S D	ESIGNEE									
To: Prinicpal of												
Sch	ool and Applicant		By:Superinter	ndent's Designee								
The above request isapproved	disapproved	Receipt of Certific	ate of Liability Insurance	e: YES	NO							